

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate change.) DECEMBER 2003 - S6M CONVERTIBLE NOTE AND WARRANTS

Filing Under (Check box(es) that apply):

Rule 504 Rule 505 Amendment

X Rule 506

Section 4(6) ULOE

Type of Filing: X New Filing

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer

(check if this is an amendment and name has changed, and indicate change.)

AMERICAN LEISURE HOLDINGS, INC.

Address of Executive Offices

PARK 80 PLAZA EAST, SADDLE BROOK, NJ 07663

(Number and Street, City, State, Zip Code) Telephone Number (including Area Code)

(210) 226-2060

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (including Area Code) (if different from Executive Offices)

Brief description of Business

TRAVEL SERVICES DISTRIBUTION AND VACATION RESORT DEVELOPMENT

Type of Business Organization

X corporation business trust limited partnership, already formed

other (please specify):

limited partnership, to be formed

Actual or Estimated Date of Incorporation or Organization:

Month Year

X Actual

Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State:

CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Federal:

Who must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230,501 et seq. Or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this from. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed,

ATTENTION

A. BASIC INFORMATION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such .

□ , Each beneficie securities of th □ Back executive	r of the issuer, if al owner having ae issuer;	the issuer has been orgathe power to vote or dis	pose, or direct the vot	e or disposition	of, 10% or more of a class of equity				
and		rtner of partnership issu							
Check Box(es) that Apply:	Promoter		X Executive Officer	X Director	General and/or Managing				
Full Name (Last name first, if it MALCOLM J. WRIGHT	ndividual)				Pertner				
Business or Residence Address PARK 80 PLAZA EAST, SAI	(Number and DDLE BROOK	Street, City, State, Zip C	Code)						
Check Box(es) that Apply:	Promoter	X Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner				
Full Name (Last name first, if it	ndividual)				c aruser				
Business or Residence Address (Number and Street, City, State, Zip Code) PARK 80 PLAZA EAST, SADDLE BROOK, NJ 07663									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner				
Full Name (Last name first, if in JAMES P. LEADERER	ndividual)								
Business or Residence Address PARK 80 PLAZA EAST, SAI			iode)						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing				
Full Name (Last name first, if in	ndividual)								
Business or Residence Address	(Number and	Street, City, State, Zip C	ode)						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if it	dividual)				A 444 4550				
Business or Residence Address	(Number and	Street, City, State, Zip C	ode)						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if in	dividual)								
Business or Residence Address	(Number and	Street, City, State, Zip C	ode)						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if in	ndívidual)				r car a lecr				
Business or Residence Address	(Number and	Street, City, State, Zip C	ode)						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if in	edividual)				, weare				
Business or Residence Address	(Number and	Street, City, State, Zip C	ode)						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if in	xdividual)				- ·- 				
Business or Residence Address	•	Street, City, State, Zip C eet, or copy and use addi	•	eet, as necessas	y.)				

B. INFORMATION ABOUT OFFERING

1.	Lion the in-				14 19 4.				.			Yes No
	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?									X		
2.	What is the	minimum	investment	that will b	e accepted i	from any in	dividual?					\$6,000,000 Yes No
3. 4.	Enter the i	nformation	nit joint ow requested	for each p	erson who	has been o	r will be p	eid or give	n, directly	or indirecti	ly, any cos	X nmission or
	associated	person or a	agent of a b	noker or di	ealer registo	ered with ti	ne SEC and	Vor with a	state or stat	es list the	name of the	listed is an
	for that bro	more than i ker or deal	nve (5) pers er only.	ions to be	isted are as	sociated pa	azons of su	ch a broker	or dealer,	you may se	t forth the	information
Full Name (Last name first, if individual) US FUNDING CORPORATION												
Business or Residence Address (Number and Street, City, State, Zip Code) PO BOX 141046, CORAL GABLES, FL 33114												
Name of	Associated B	roker or D	calcr									
	Which Person											A11 Stotes
[AL]	[AK]	(AZ)	[AR]	[CA]	(CO)	(CT)			_			Ali States
[IL] [MT]	[NE] [XX]	(IA) (NV)	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME]	[DE] [MD] [NC]	[DC] [MA] [ND]	[MI] [OH]	[GA] [MN] [OK]	[GI] [MS]	[ID] [MO]
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	(OR] [WY]	[PA] [PR]
Full Name	(Last name	first, if ind	iividual)									
Business	or Residence	Address (1	Number and	Street, Cit	y, State, Zi	p Code)						,
Name of a	Associated B	roker or De	al a									
	Which Person ock "All Stat						***************	*************	1	••••••	*******	Ali States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	(DE) [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[GI] [MS]	[ID] [MO]
[MT] [RJ]	[NE] [SC]	[NV] [SD]	[NH]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
	: (Last name			[174]	[01]	[**]	[725)	[11123]	[""]	[***.]	[""]	į, ici
Business (or Residence	Address (1	Number and	Street, Cit	y, State, Zip	p Code)						
Name of a	Associated B	roker or De	aler									
	Which Person ock "All State						***************************************		************		•••••	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[GI]	[ID]
[IL] [MT]	[IN] [NE]	[AI] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[M] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI] (Use blan	[SC] k sheet, or c	(SD) opy and us	[TN] e additional	[TX] copies of t	[UT] his sheet, as	[VT] s necessary.	[VA] .)	[WA]	[wv]	[WI]	[WY]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1.

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this		
box and indicate in the columns below the amounts of the securities offered for exchange and		
already exchanged.		
Type of Security	Aggregate Offering Price	Amount Aiready Sold
Debt	<u>\$ 0</u>	<u>\$ 0</u>
Equity	<u>\$0</u>	<u>\$ 0</u>
Common Preferred		
Convertible Securities (including warrants)	\$ 6.001.950	\$ 6,001,959
Partnership Interests	<u>50</u>	<u>50</u> 50
Total	<u>\$ 0</u> \$ 6.001.950	\$ 6.001.950
Answer only in Appendix, Column 3, if filing under ULOE		
2.		
Enter the number of accredited and non-accredited investors who have purchased securities in this		
offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate		
the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "1" if answer is "none" or "zero."		
	·	
	Number	Aggregate Dollar Amount
	Investors	of Purchases
Accredited Investors		\$ 6.001.950
Non-accredited Investors		
Total		
·	,	
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
		Dollar Amount
Type of Offering	Type of Security	Sold
Rule 505		
Regulation A		S
Rule 504		\$
Total		•
I UKL		•
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		\$
Printing and Engraving Costs		\$
Legal Fees		X \$ 230.968
Accounting Fees		s
Engineering Rees		2

	Sales Con	nmissions (specify finde		X	\$ 150,000	
,	Other Exp	enses (identify)	Origination Fee	······· <u>-</u>	X.	<u>\$ 200.000</u>
	*	Total			X .	\$ 580,968
•						

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· C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

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b.	Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	<u>\$ 5,420,982</u>				
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.					
			Payments to Officers, Directors, & Affiliates	Payments to Others		
	Salaries and fees	-	\$	\$		
	Purchase of real estate	_	\$	\$		
	Purchase, rental or leasing and installations of machinery and equipment	<u>.x</u> .	\$	\$ 3.916.000		
	Construction or leasing of plant buildings and facilities	_	s	\$		
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	***	\$	s		
	Repayment of indebtedness	_	\$	S		
	Working capital	<u> </u>	\$	\$ 1,504,982		
	Other (Specify					
		_	\$	\$		
	Column Totals	-	\$	\$		
	Total Payments Listed (column totals added)		_X_	\$ <u>5.420.982</u>		
	D. FEDERAL SIGNATURE					
folk	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If owing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchanaff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)	nge Co	mmission, upon			
Issu	er (Print or Type) Signature		Date			
AM	ERICAN LEISURE HOLDINGS, INC.		6/29/05	5		
Nan	ne of Signer (Print or Type) Title of Signer (Print or Type)		. ,			
MA	LCOLM J. WRIGHT CHIEF EXECUTIVE OFFICER					

ATTENTION

E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?

Yes No

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duty caused this notice to be signed on its behalf by the undersigned duty authorized person.

Issuer (Print or Type)

AMERICAN LEISURE HOLDINGS, INC. Name (Print or Type)

MALCOLM J. WRIGHT

Date

6/29/05

XECUTIVE OFFICER

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

ADDENISA

				AP	PENDIX					
	Intend to sell to non-accredited investors in State (Part B-Item 1)		to non-accredited offering price investors in State offering in state			Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA										
CO										
ст										
DE										
DC										
FL			CONV., \$6,000,000 ARR., \$ 1,950	. 1	\$6,000,000 \$ 1,950	NONE NONE	\$0.00 \$0.00		X X	
GA										
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ID										
п										
IN										
IA										
KS			,							
KY										

APPENDIX

	4,								
1 .	. 2	;	3		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
•	to non invest	to sell -accredited ors in State 3-Item 1)	Type of security and aggregate offering price offering in state (Part C-Item 1)						
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-accredited Investors	Amount	Yes	No
LA									
МЕ									
MD									
MA							·		
MI									
MN									
MS									
МО									
MT									
NE									
NV					,				
NH									
NJ									
NM									
NY									
NC									
ND									
HO									

APPENDIX

1 '	2		3			4		5	
,	investo	to self -accredited ors in State 1-Item 1)	Type of security and aggregate offering price offering in state (Part C-Item 1)	ggregate ing price Type of investor and ig in state amount purchased in State C-Item 1) (Part C-Item 2)		Type of investor and amount purchased in State (Part C-Item 2) Number of Number of		Disquali under Ste (if yes, explana waiver g (Part E-l	nte ULOE attach tion of ranted)
State	Yes	No		Accredited Investors	Amount	Non-accredited Investors	Amount	Yes	No
OK									
OR									
PA									
RI									
SC							4		
SD									
TN									
TX									
UT									
VT				٠					
VA									
WA									
wv									
WI									
WY									
PR									